



COVER PAGE

BY: Olga

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bonilla Susan A

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

11th District

Your Position

Assemblywoman

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/2012
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Susan A. Boula</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

OSI

ADDRESS (Business Address Acceptable)

777 Davis Street, San Leandro, CA 94577

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Systems Architect

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Bonilla

► NAME OF SOURCE

John A. Perez for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa, #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Assemblyman

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 09 / 11</u>	<u>\$ 84.30</u>	<u>Jacket</u>
<u>02 / 08 / 11</u>	<u>\$ 10.00</u>	<u>Beverage for Dinner</u>
<u>12 / 13 / 11</u>	<u>\$ 38.68</u>	<u>Dinner</u>

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 11</u>	<u>\$ 41.68</u>	<u>Legislative Reception</u>
<u>03 / 09 / 11</u>	<u>\$ 18.61</u>	<u>Dinner</u>
<u>01 / 12 / 11</u>	<u>\$ 1.62</u>	<u>Recep. for Elect Wom</u>

► NAME OF SOURCE

CA Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 30 / 11</u>	<u>\$ 86.82</u>	<u>Freshman Dinner</u>
<u>02 / 08 / 11</u>	<u>\$ 117.09</u>	<u>Asm. Caucus Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

GenOn

ADDRESS (Business Address Acceptable)

696 West 10th Street, Pittsburg, CA 94565

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 11</u>	<u>\$ 50.00</u>	<u>Tour and Lunch</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

Hearst Corporation

ADDRESS (Business Address Acceptable)

5 Third Street, #200, San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Publishing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 11</u>	<u>\$ 78.60</u>	<u>KARE Leg. Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

Klamath Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)

P.O. Box 1234, Yreka, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 11</u>	<u>\$ 101.90</u>	<u>Reception</u>
<u>05 / 20 / 11</u>	<u>\$ 54.02</u>	<u>Gift Basket&photobook</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Susan Bounla</u>
--

▶ NAME OF SOURCE		
<u>Sierra Pacific Industries</u>		
ADDRESS (Business Address Acceptable)		
<u>P.O. Box 496028, Redding, CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<u>Air Transportation</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 11</u>	<u>\$ 206.00</u>	<u>Air Trans for Daughter</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Bouville

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Jewish Community Relations Council
ADDRESS (Business Address Acceptable)
300 Grand Avenue
CITY AND STATE
Oakland, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
DATE(S): 12 / 11 / 11 - 12 / 16 / 11 AMT: \$ 5799.45
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Air, lodging, transportation, and meals for CA
Legislators Israel Study Trip

► NAME OF SOURCE
California Foundation on the Environment and Econ
ADDRESS (Business Address Acceptable)
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
DATE(S): 03 / 03 / 11 - 03 / 04 / 11 AMT: \$ 416.58
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging and meals for participation in conference on
CA Water issues

► NAME OF SOURCE
Pacific Policy Research Foundation
ADDRESS (Business Address Acceptable)
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit organization
DATE(S): 11 / 17 / 11 - 11 / 19 / 11 AMT: \$ 1695.26
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging, receptions, and meals for conference on CA
Governance

► NAME OF SOURCE
California Foundation on the Environment and Econ
ADDRESS (Business Address Acceptable)
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
DATE(S): 10 / 29 / 11 - 11 / 10 / 11 AMT: \$ 11,212.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Air, Lodging, Transportation for Study Travel Project to
Italy

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Susan Bonilla

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
California Foundation on the Environment and Econ
ADDRESS (Business Address Acceptable)
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Non-profit
DATE(S): 10 / 09 / 11 - 10 / 11 / 11 AMT: \$ 891.79
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging and Meals for participation in conference on
CA Infrastructure

► NAME OF SOURCE
Klamath Alliance for Resources & Environment
ADDRESS (Business Address Acceptable)
P.O. Box 1234
CITY AND STATE
Yreka, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 246.90
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Lodging and meals for tour and panel discussion on
Forestry Issues

► NAME OF SOURCE
Sierra Pacific Industries
ADDRESS (Business Address Acceptable)
P.O. Box 496028
CITY AND STATE
Redding, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Air Transportation
DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 206.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Transportation to attend Tour and Panel Discussion
on Forestry issues

► NAME OF SOURCE
California Issues Forum
ADDRESS (Business Address Acceptable)
1717 I Street
CITY AND STATE
Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
nonprofit
DATE(S): 08 / 22 / 11 - 08 / 22 / 11 AMT: \$ 95.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☒ Other - Provide Description
meal for participation on End of Session Legislative
Recap

Comments: _____